

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-028339**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4193

**FILED AUG 14 1963**

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas city</u>		c. CITY OR TOWN <u>Kansas city</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Kansas city Tuberculosis</u>		d. STREET ADDRESS (If outside, give location) <u>1510 Admiral</u>	
3. NAME OF DECEASED (Type or print) First <u>Delilah</u> Middle <u>Belle</u> Last <u>Gilmer</u>		4. DATE OF DEATH Month <u>July</u> Day <u>24</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 6, 1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	
11a. FATHER'S NAME <u>Thomas McCarty</u>		11b. MOTHER'S MAIDEN NAME <u>Nancy Brownfield</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		13. SOCIAL SECURITY NO. <u>7 015 E. Clift, 6024 W 51st Mission Kan.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>pulmonary Tuberculosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 MIA.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Feb 5 - 1963</u> to <u>July 24 1963</u> and last saw her alive on <u>7-23-63</u> Death occurred at <u>12:15</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. W. Buckingham</u> (Degree or title)		22b. ADDRESS <u>Kansas City Mo</u>	
22c. DATE SIGNED <u>7/24/63</u>		22d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral Home</u>		23b. DATE <u>7-26-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Lone Jack Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Lone Jack Mo</u>	
24. FUNERAL DIRECTOR <u>Lee's Summit Mo</u>		25. DATE REC'D. BY LOCAL REG. <u>7-26-63</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>			

DOCUMENT

BY AFFIDAVIT OF  
W. W. Buckingham  
MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

VS 300  
Rev. 4/59

1

2 3158

3

4 1

5 2

6

7 1

8 2

9002.1

10

11

12 3-0

13

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*W B Langford* 3833

Licensed Embalmer No.

3833

P. O. Address

*1100 Summit*  
*M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.